DEPAR	IMENT OF HEALTH	I AND HUMAN SERVICES	11	PRINT	ED: 09/13/2012
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	45	95 1012 MID 0180	RM APPROVED NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PRI AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA	(X2) ML		E SURVEY
AITE CLAIR	DE CORRECTION	IDENTIFICATION NUMBER:	A BUIL	i cou	PLETED
				OF MARK DOILDING UT	
	<u> </u>	445498	B. WING		9/10/2012
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
BRISTO	NURSING HOME			261 NORTH STREET	
				BRISTOL, TN 37625	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX	((EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
170	NEGOEATON ON E	SO IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	DATE
					·
K 015	NEPA 101 LIFE SA	FETY CODE STANDARD	L O	1 E	
SS=D		LIT CODE STANDARD	K 0	15	
		oms and spaces not used for		K 015	
	corridors or exitway	s, including exposed interior			
	surfaces of building	s such as fixed or movable		No residents were affected.	
	walis, partitions, col	umns, and ceilings, has a		411 44 44	:
	flame spread rating	of Class A or Class B. (In		All residents had the potential to be affected.	
	fully sprinklered buil	ldings, flame spread rating of		i Minite in the commet ()	•
	Class A, Class B, or	r Class C may be continued in		Walls in the second floor clean linen room will b	e .
	use within rooms se	parated in accordance with		painted with a fire retardant paint by	
	19.3.6 from the acciding 19.3.3.2	ess corridors.) 19.3.3.1,		maintenance on 9/28/12.	
	19.0.0.2	:		Paint information will be added to the next	
		:		Quality Assurance Committee meeting minutes	-
				and a copy will be kept on file in the	
				maintenance office.	
	This STANDARD is	not met as evidenced by:		mentenance office.	
	Based on observati	on and interview, the facility		The Quality Assurance Committee	
	failed to assure roor	n interior surface finishes had		(Administrator, Director of Nursing, and	
	a flame spread ratin			Assistant Director of Nursing, Medical Director,	
	The findings include	E		Business Office Manager, Dietary Manager,	!
	Observation and Inte	erview with the Maintenance		Activities Manager, Social Services Director,	:
	confirmed the walls	ber 10, 2012 at 12:45 p.m. in the 2nd floor clean linen		Maintenance Director, and Therapy Manager)	
	room were covered	with wood paneling. There		will make recommendations to revise or improve	
	was no documentati	on provided indicating it as		the process and determine when compliance has	7. 7.02
	Class A, B, or C.	provided indicating it as		been achieved.	Campa 12
	This finding was ver	ified by the Maintenance			Cal 12 12
	Supervisor and ackr	nowledged by the			
	Administrator during	the exit conference on		!	!
	September 10, 2012			•	
	NFPA 101 LIFE SAF	FETY CODE STANDARD	K 05	50 , κ oso	
SS=F					
	Fire drills are held at	t unexpected times under		No residents were affected.	·
;	varying conditions, a	it least quarterly on each shift.		·	ļ
	that drille are not of	with procedures and is aware	,	All residents had the potential to be affected.	
	that drills are part of Responsibility for pla	established routine. Enning and conducting drills is		A fire delli log supe grante des even e tru	
•	assigned only to con	npetent persons who are		A fire drill log was created to ensure drills are	ļ
		The service with the		carried out timely.	ļ
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(XE) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: ACG721

Facility ID: TN8201

TATEMEN	TMENT OF HEALT RS FOR MEDICARI T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		PRINTED: 09/13/20 FORM APPROV OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
445498		B. WING STREET ADDRESS, CITY, STATE, ZIP CODE		09/10/2012		
HAME OF PROVIDER OR SUPPLIER						
	L NURSING HOME			261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DIN O RE	(X5) COMPLETIC DATE
K 050	Continued From page 1 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2		K 050 Maintenance will be educated by fire drills are to be carried out at r at least quarterly on each shift and time placed on the fire drill log by Any fire drills performed will be be CEO for signature.		dom times le date and 21/12.	
K 067 SS=F	Based on observation failed to assure fire quarterly on each some findings included Record review on Some fire drill the 1st quath This finding was very Supervisor and ack Administrator during September 10, 201. NFPA 101 LIFE SA Heating, ventilating with the provisions of in accordance with	e: September 10, 2012 at 1:50 night shift failed to perform a rter of 2012. erified by the Maintenance nowledged by the g the exit conference on 2. FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed	K 067	Fire drills will be reported in the Qual Assurance Committee by the Mainter Director on a quarterly basis. The Quality Assurance Committee (Administrator, Director of Nursing, Medical Business Office Manager, Dietary Mar Activities Manager, Social Services Dir Maintenance Director, and Therapy M will make recommendations to revise	nd Director, lager, ector, anager) or improve pliance has	complete
	NFPA 90A, 3-4.7 Myears, fusible links (removed; all dampe that they fully close; checked; and movin necessary.	s not met as evidenced by: laintenance - At least every 4 where applicable) shall be rs shall be operated to verify the latch, if provided, shall be g parts shall be lubricated as		Bids are being obtained to get fire dan cleaned in the building. A fire damper cleaning log was created track of the cleaning schedule. The fire damper cleaning log will be retained Quality Assurance Committee mee annual basis.	to keep	

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES MEDICAID SERVICES		PRINTED: 09/13/2012 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED	
		445498	B. Wif	ING
NAME OF I	PROVIDER OR SUPPLIER			09/10/2012
	L NURSING HOME		;	STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION
	Continued From page 2 review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the Maintenance Director on September 10, 2012 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. Observation of supply air ducts on September 10, 2012 between 9:45 a.m. and 1:30 p.m. confirmed the ducts had a heavy accumulation of lint in them These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 10, 2012. NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4		K 067	Assistant Director of Nursing, and Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Manager, Social Services Director, Maintenance Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved. K 073 No residents were affected. All residents had the potential to be affected.
:	Based on observatifacility failed to assumere fire retardant (The findings include Observation and interpretation on Septem confirmed the facility documentation that the decorations in the 2streated with fire retarming finding was verous Supervisor and acknowledges and acknowle	erview with the Maintenance ber 10, 2012 at 11:20 a.m. r failed to provide the grass-like hanging nd floor activity room was rdant material. rified by the Maintenance lowledged by the the exit conference on	¥ 4	Maintenance will do monthly checks of combustible decorations to ensure all decorations have been treated. The monthly checks will be monitored in the Quality Assurance Committee by the Maintenance Director on a quarterly basis. The Quality Assurance Committee (Administrator, Director of Nursing, and Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Manager, Social Services Director, Maintenance Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.

CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445498		(X1) PROVIDER/SUPPLIER/CLIA	ļ.	2) MULTIPLE CONSTRUCTION		OMB NO. 0938-03 (X3) DATE SURVEY	
		A. BUILDING 01 - MAIN BUILDING 01		COMPLETED			
		B. WING		0014010040			
IAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	09/10/2012		
RISTOL	. NURSING HOME			261 NORTH STREET			
X4) ID	CUMMADVCT	ATEMENT OF DEFICIENCIES		BRISTOL, TN 37625			
REFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	ÖLLI DIRE	(X5) COMPLETIO DATE	
< 144 SS=F	Continued From pa	age 3	K 14	4 K 144			
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			No residents were affected,			
				All residents had the potential to be	affected.	!	
				The maintenance staff will be educat CEO on the need to exercise the gene	ed by the	:	
				load monthly by 9/28/12.	rator miner		
-				Monthly generator test will be broug CEO for signature.	ht to the	i	
;	This STANDARD :			Monthly generator test will be discus	sed in the	:	
	Based on record re failed to assure the	s not met as evidenced by: eview and interview, the facility emergency generator was run		Quality Assurance Committee on a m for one year.	onthly basis		
	for 30 minutes unde frequency of 20 - 40	er load each month at a		The Quality Assurance Committee			
	The findings include	9:		(Administrator, Director of Nursing, a	nd		
	with the Maintenand	e Emergency Generator logs ce Director, on September 10, onfirmed the Generator was		Assistant Director of Nursing, Medical Business Office Manager, Dietary Mar Activities Manager, Social Services Dir	падег,	-	
	not run under load (from January 19, 2012 to May		Maintenance Director, and Therapy N	fanager)	July	
	This finding was ve Supervisor and ack	erified by the Maintenance		will make recommendations to revise the process and determine when com	or improve pliance has	complex	
	Administrator during September 10, 201	g the exit conference on		been achieved.		1010	
:							
		:				:	
		:		† 			